

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011966

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2019

FILED APR 12 1963

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
HUGH H. OWENS, MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 8 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3503 Brighton		d. STREET ADDRESS (If outside, give location) 3503 Brighton	
3. NAME OF DECEASED (Type or print) First FRED Middle ALLEN Last TRACY		4. DATE OF DEATH Month March Day 29 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-27-1901
9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawmill Operator		10b. KIND OF BUSINESS OR INDUSTRY Kernut K. Melberg Co.	
11. BIRTHPLACE (City and state or country) Proctor, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James T. Tracy		13b. MOTHER'S MAIDEN NAME Ann Christian	
14. NAME OF HUSBAND OR WIFE Lorene E. Tracy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of) No	
16. SOCIAL SECURITY NO. 83		17. INFORMANT Lorene E. Tracy, 3503 Brighton	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shot wound chest</i>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Self Inflicted</i>	
20c. TIME OF INJURY Hour Month, Day, Year 3 29 63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Res</i>	
20f. CITY, TOWN, OR LOCATION <i>Kansas City</i>		COUNTY <i>Jackson</i> STATE <i>MO</i>	
21. I attended the deceased from _____, to _____, and last saw him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Hugh H. Owens, M.D.</i>		22b. ADDRESS <i>152 Union Station</i>	
22c. DATE SIGNED <i>3-30-63</i>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial &amp; Removal</i>	23b. DATE <i>4-1-1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>La Grange, Arkansas</i>	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home Woodland-Linwood		25. DATE RECD. BY LOCAL REG. <i>4-1-63</i>	
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer.

Signed

*James E Hackleman*

Licensed Embalmer No. 4573

P. O. Address KC MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.